

(For Official Use Only)

Hospital Code: _____ (4 DIGIT PFI No.)

Local district birth number: _____

Local register number: _____

ACKNOWLEDGMENT OF PATERNITY

(Please Type or Print with black Ink)

INDICATE, BY CHECKING THE APPROPRIATE BOX, WHERE THE ACKNOWLEDGMENT IS BEING SIGNED:

☐ HOSPITAL☐ CHILD SUPPORT OFFICE☐ BIRTH REGISTRAR☐ OTHER _____**INFORMATION ABOUT THE CHILD FOR WHOM THE ACKNOWLEDGMENT OF PATERNITY IS SIGNED:**PRINT CHILD'S FULL NAME AS IT NOW APPEARS ON THE BIRTH CERTIFICATE:
(First) (Middle.) (Last)PRINT CHILD'S NAME AS IT WILL APPEAR ON NEW BIRTH CERTIFICATE:
(First) (Middle.) (Last)

PLACE OF BIRTH: (Name and Address of Hospital where child was born):

DATE OF BIRTH

SEX

MONTH

DAY

YEAR

☐ FEMALE☐ MALE**ACKNOWLEDGMENT OF PATERNITY BY FATHER:**I, _____, residing at _____
First Middle Last Name House/Apt. Number and Street

In the City of _____, State of _____, Zip Code _____

my place of birth, (City, State, Or Foreign Country) _____, my date of birth ____/____/____,
Month Day Year

Social Security Number: _____, hereby acknowledge that I am the biological father of the child named above.

I UNDERSTAND THAT SIGNING THIS ACKNOWLEDGMENT WILL ESTABLISH THE PATERNITY OF THE CHILD AND HAVE THE SAME FORCE AND EFFECT AS AN ORDER OF FILIATION ENTERED AFTER A COURT HEARING INCLUDING AN OBLIGATION TO PROVIDE SUPPORT FOR THE CHILD. EXCEPT THAT ONLY IF THIS ACKNOWLEDGMENT IS FILED WITH THE REGISTRAR WHERE THE BIRTH CERTIFICATE IS FILED WILL THE ACKNOWLEDGMENT HAVE SUCH FORCE AND EFFECT WITH RESPECT TO INHERITANCE RIGHTS. I HAVE RECEIVED WRITTEN AND ORAL NOTICE OF MY LEGAL RIGHTS AND THE CONSEQUENCES OF SIGNING THE ACKNOWLEDGMENT OF PATERNITY, AND I UNDERSTAND WHAT THE NOTICE STATES. A COPY OF THE WRITTEN NOTICE HAS BEEN PROVIDED TO ME. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE.

SIGNATURE: _____ Date ____/____/____,
Month Day Year

The above named _____, signed and affirmed before us this ____ day of _____, _____, that the information contained herein is true.

First Witness

Second Witness

(Witnessed by two people not related to the mother or father.)

ACKNOWLEDGMENT OF PATERNITY BY MOTHER:I, _____, residing at _____
First Middle Last Name House/Apt. Number and Street

In the City of _____, State of _____, Zip Code _____

my place of birth, (City, State, Or Foreign Country) _____, my date of birth ____/____/____,
Month Day YearSocial Security Number: _____, hereby consent to the acknowledgment of paternity for my child named above, and acknowledge that the man named above is the only possible father of my child who was born to me. I state that I was not married at any time during the pregnancy or when the child was born **OR**, I state that I was not married when the child was born or at any time during the pregnancy but I have subsequently married the child's biological father.

I UNDERSTAND THAT SIGNING THIS ACKNOWLEDGMENT WILL ESTABLISH THE PATERNITY OF THE CHILD AND HAVE THE SAME FORCE AND EFFECT AS AN ORDER OF FILIATION ENTERED AFTER A COURT HEARING INCLUDING AN OBLIGATION TO PROVIDE SUPPORT FOR THE CHILD. EXCEPT THAT ONLY IF THIS ACKNOWLEDGMENT IS FILED WITH THE REGISTRAR WHERE THE BIRTH CERTIFICATE IS FILED WILL THE ACKNOWLEDGMENT HAVE SUCH FORCE AND EFFECT WITH RESPECT TO INHERITANCE RIGHTS. I HAVE RECEIVED WRITTEN AND ORAL NOTICE OF MY LEGAL RIGHTS AND THE CONSEQUENCES OF SIGNING THE ACKNOWLEDGMENT OF PATERNITY, AND I UNDERSTAND WHAT THE NOTICE STATES. A COPY OF THE WRITTEN NOTICE HAS BEEN PROVIDED TO ME. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE.

I am currently in receipt of public assistance and/or child support services from a social services district in New York state.

☐ NO ☐ YES If "Yes", identify the county and address of the social services district, if known: _____SIGNATURE: _____ Date ____/____/____,
Month Day Year

My maiden name is (Last name only): _____

The above named _____, signed and affirmed before us this ____ day of _____, _____, that the information contained herein is true.

First Witness

Second Witness

(Witnessed by two people not related to the mother or father.)

IMPORTANT NOTICE: This form must be completed and filed with the registrar of the district in which the birth occurred and in which birth certificate has been or will be filed.

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The above ACKNOWLEDGMENT OF PATERNITY is hereby filed with the registrar of _____

on _____ (Date). Registrar : _____